



city of NEWPORT BEACH

benefits

- Medical Plan Comparison Chart

PTEANB
Plan Year 2015

CalPERS Medical Plans Comparison Chart

Coverage Details	CalPERS HMO	CalPERS Kaiser HMO*	CalPERS PPO: PERSChoice* & Select**		CalPERS PERSCare PPO*	
	Anthem Blue Cross: Select & Traditional; Blue Shield: Access & NetValue; Health Net: Salud y Mas & SmartCare; Sharp Performance Plus; UnitedHealthcare Alliance		In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	None	\$500 individual \$1,000 family		\$500 individual \$1,000 family	
Out-Of-Pocket Maximum	\$ 1,500 individual \$3,000 family	\$ 1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None
Physician Office Visits (including Mental Health and Substance Abuse)	\$15 co-pay/visit	\$15 co-pay/visit	\$20 co-pay/visit	You pay 40%	\$20 co-pay/visit	You pay 40%
Diagnostic Lab & X-Ray	No charge	No charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%
Emergency Room	\$50 co-pay/visit; waived if admitted	\$50 co-pay/visit; waived if admitted	20% after \$50 deductible	20% after \$50 deductible; waived if admitted	10% after \$50 deductible	10% after \$50 deductible
Urgent Care						
Non-Emergency	\$15	\$15	\$20	40%	\$20	40%
Hospital Services	No charge	No charge \$15 outpatient facilities/ surgery services	You pay 20% 20-30% (PERS Select Only) Hospital Tiers	You pay 40%	You pay 10% (\$250/admission inpatient facility deductible)	You pay 40% (\$250/admission inpatient facility deductible)
Chiropractic/Acupuncture	\$15 20 combined visits per year	\$15 20 combined visits per year	You pay 20%; up to 15 visits/cal year (combined)	You pay 40%; up to 15 visits/cal year (combined)	You pay 10%; up to 20 visits/cal year (combined)	You pay 40%; up to 20 visits/cal year (combined)
Durable Medical Equipment	No Charge	No Charge	You pay 20% Pre-certification required for equipment	You pay 40% Pre-certification required for equipment	You pay 10% Pre-certification required for equipment	You pay 40% Pre-certification required for equipment
Prescription	30-day supply ⁴	30-day supply	30-day supply ^{1,2,3}	30-day supply ^{1,2,3}	34-day supply ^{1,2,3}	34-day supply ^{1,2,3}
Generic	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay
Brand	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay
Non-formulary	\$50 co-pay	N/A	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay
Mail Order	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply	90-day supply
Generic	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay	\$10 co-pay
Brand	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay
Non-formulary	\$100 co-pay	N/A	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay

¹ CVS Caremark provides prescription drug benefit management services for PERS Select, Choice & Care. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotech and injectables, clinical pharmacist consultation and clinical collaboration with your physician to ensure you receive optimal total healthcare. ² Mandatory generic substitution; if a brand name is requested when generic is available you will be responsible for generic co-pay and the difference between the generic and brand name. ³ Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit. *Administered by Blue Cross. ⁴ Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2nd fill of Rx at retail pharmacy OR Member will be charged the appropriate mail service co-pay for a one-month supply at retail. These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). *Administered by Blue Cross. **Smaller network of high performance providers.

If any discrepancy exists between this summary and the official documents, the official documents will prevail.